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A CASE OF PARETIC DEMENTIA OF LONG DURATION.

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On the third of October, 1895, Jane M., a woman admitted to the hospital June 23, 1881, died with the symptoms of exhaustion from paretic dementia. At the time of her admission the diagnosis recorded was secondary dementia, but the symptoms then recorded seemed, to say the least, highly suspicious of the disease which became, to my mind, unequivocal. Assuming that the case was at that time of such a nature, its long duration would render it exceptional, but the records contained a statement that she had been, several years previously, an inmate of the Taunton (Mass.) Hospital, and a transcript of the records of her case while in that institution indicated that her mental disorder was of long standing at the time of her admission there.

The report of the case, furnished from the Taunton Hospital, is as follows:

"Jane M.; age, 40; nativity, Ireland; occupation, domestic; residence, Boston, Mass.; duration of insanity, many years; diagnosis, chronic mania. Admitted May 11, 1874. Discharged April 3, 1875."

Hospital History.—When admitted she suffered from delusions of poisoning, and was said to have haunted the Superior Court for years under the delusion that she had a suit there. She was fault-finding and prone to incite others against hospital authorities. She improved physically, but mentally remained about the same. On the above date she was removed to the Tewksbury Almshouse, by order of the State Board of Lunacy and Charity.

The facts furnished by the records of this hospital are as follows:

Admitted June 23, 1881; native of Ireland; aged 50; domestic; single; age at first attack, 42; diagnosis, dementia — secondary.

Physician's Certificate.—Arrested and brought to the Tombs by the police. No history obtained. Was a patient at the Taunton Hospital seven years since. Excitable, very talkative, and disconnected. She believes that she has been poisoned by a certain doctor, who would put her out of the way if he could, that he might not be found out; that she has recovered a large amount of money from him in a suit; that the British Government has given her \$15,000 to-day; that she has heard the above doctor and oth-

ers talking about her cell last night, and that she was to be married last night to a lawyer on Beacon Street, and that another lawyer gave \$2,000 to have her arrested, because he wanted to marry her himself.

Examination.—A little below medium height, thin in flesh, gray hair, bluish gray eyes, pupil of right eye small and immobile to light; left, much more dilated, immobile also.

Previous History.—Father, James, born in Ireland; mother, Mary (nee F.), born in Ireland. Is a Roman Catholic, has always been considered eccentric, and not ordinarily intelligent; education limited, temperate habits, cheerful and frank by nature. Eight years ago spent a year at Taunton.

It is believed by her friends that a disappointment in marrying first caused her alienation. First decided symptoms observed twelve years ago. Has had a delusion that she was about to marry some rich man. Has grown thin in flesh and more demented. Has always been harmless and very happy in disposition. Neat in habits.

Hospital Notes.—October 21, 1881.—Marked delusions of hearing. Listens at the ventilators and floor to people whom she thinks are talking to her. Says that her people are here. Is quiet, tractable, not untidy.

April 20, 1882.—Continues to hear devils. At times is quite noisy. Scolds incoherently and breaks glass.

November 8, 1884.—Walks the floor most of the time, listening in a mysterious way to voices which come from below. Is very much demented. Says she has five gifts in her eye and must walk all the time and be fed on bread and water. Is tidy in her habits. The pupil of the left eye is dilated and immobile and the lens appears to be cloudy.

From this time until the following date there are only brief notes to the effect that her condition is unchanged.

March 1, 1892.—Has not changed very much up to date, but has been growing more demented and senile. To-day was very stupid, somnolent, and weak.

December 7, 1892.—Has just had two well-marked epileptic convulsions. Has become untidy.

January, 1894.—Has had a few epileptic convulsions, at night usually, since last record. Much demented; untidy.

April 1, 1895.—Very demented and weak. Walks about the ward, but is so feeble that she often falls and hurts herself. Always good-natured; very untidy. No convulsions recorded lately.

April 21, 1895.—Had a convulsion two days ago and another last night. Has been in bed for three days, in a weak, confused way.

May 12, 1895.—Her pupils are unequal, left considerably dilated, and both immobile to light. Articulation very indistinct. Knee-jerks absent. Walk feeble. Stands without swaying, with eyes closed. Very much demented. The circulation is very feeble; extremities blue and cold.

From about this time on, she was confined to bed, gradually growing weaker and more demented, until her death, October 3, 1895. No necropsy was allowed.

Although it does not appear that the diagnosis of paretic dementia had been made by any of the physicians who had previously had charge of the patient, I had no hesitation from the time, in May, 1895, when my attention was first called to her, in pronouncing the case to be of that nature, and never saw any reason to doubt the correctness of my diagnosis, which seems to me to be fully borne out by the history of the case in this institution. Extravagant delusions, inequality and immobility of pupils, convulsive seizures, defective articulation, progressive dementia, and paresis—practically all of the classical symptoms of the disease—are shown to have been present, and there seems to be nothing to throw doubt upon the diagnosis except the uncommonly long duration of the case. It seems to me beyond reasonable doubt that the disease was developed at the time of the patient's admission here, in 1881—over fourteen years before her death.

Are we to assume that the case was of this nature from the time, twelve years before her admission here, when symptoms of mental disturbance were first noticed? Such history as is given does not seem to favor this view, and I can see no reason for thinking it improbable that the subject of another psychosis may be as liable to develop the lesions and symptoms of general paresis as one of previously sound mind. The earlier observers of the disease—Esquirol, Georget, Delaye, and Calmeil—believed such to be the normal course of the disease, and this obsolete view is embalmed, so to speak, in the name still applied to it by most English writers—general paralysis of the insane. The belief that the paralytic symptoms were merely a complication of mania or melancholia rested, of course, on defective observation, but there seems to be no good reason to believe that a simple insanity would act as an infallible prophylactic against this, any more than against other forms of organic cerebral disease.'